PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

03018602

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS			7		•]	RATE FEE		OR 7		
FOR			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			50 5770			+	┨ .	RATE	FEE
			NUMBER FILED		NUME	BER EXTRA		BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/ minus 20=		* 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			 (· 	inus 3 =	d			X43=		OR	X86=	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If	the difference	e in column 1 is	less than zero, enter "0" in o			column 2	1	TOTAL	 	OR	TOTAL	
	C	LAIMS AS A	MENDE	MENDED - PART II]	OTHER	THAN
		(Column 1)		(Colum	nn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF M	JETIPLE DEF	PENDENT	CLAIM	ل لـا ـــــــــــــــــــــــــــــــــ		+145=		OR	+290=	
								TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)										OR	ADDIT. FEE	
_		CLAIMS		HIGHE	ST	(Column 3)	ı		ADDI-	1 1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= .		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┞			UH		•
•								+145=		OR	+290=	•
										OR ,	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	 	X43=			X86=	
9	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							740-		OR	×00=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." OR ADDIT. FEE												
***!	the "Highest Nur	mber Previously Pa ber Previously Paid	id For IN THIS	SPACE is I	ess than	3, enter "3."		. –		- 4	•	